STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYHAD BOWNEY WISCONS APPLICATION FOR PERMIT JUL 13 2012

Permit #: Refund: Amount Paid: \$100.00 \$1.28.19 7 12 12

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN!

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anding and complete. I (we) and complete. I (we) and complete that I (we) a permit. I (we) further accept liability which	e. I (we) acknow we) further acc	nd complet		AIT WILL RESULT IN PENA nowledge and belief it is true, whether in determining whether	WITHOUT A PERN best of my (our) kn	RTING CONSTRUCTION in the color of the construction in the construction in the color of the colo	STAIN A PERIMIT C	FAILURE TO	is applica
300	501	×,7			7	To la	(plain) Walkway		
)			and the state of t	in the second of		Conditional Use: (explain)	-	
		×	\dashv	Digital Address of the Control of th		Li William	Special Use: (explain)	☐ Special U	
		· ×	 -	The latest and the la		Alteration (specify)	Accessory Building Addition/Alteration (specify)	Accessor	
The state of the s	_	×	-				Accessory Building (specify)	☐ Accessor	☐ Municipal Use
- Marie 15 (1))	×					Addition/Alteration (specify)		
)	×		-		ite)	Mobile Home (manufactured date)		
	}	×	1	& food prep facilities)	or cooking 8	☐ sleeping quarters,	Bunkhouse w/ (sanitary, or	Bunkhou	
Witte		×			***	rage .	with Attached Garage		Commercial like
- Annual Control of the Control of t		××	_	A designation		And the second s	with a Deck	7,712,100	
	-	< ×		The state of the s			with (2 nd) Porch		
		: ×					with a Porch		🗴 Residential Use
		×					with Loft		
		×		1.5)Hittinia	2000	shack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence	
Footage	<u> </u>		_		G	ture on property)	Principal Structure (first structure on property)		Proposed Use
Square	ions	Dimensions			o	Despected Structure			
	Height:			Width:		Length:			Proposed Construction:
	Height:			Width:		Length:	r is relevant to it)	mit being applied fo	Existing Structure: (if permit being applied for is relevant to it)
				None				malkusy 10 lake	M &
			t			The state of the s	☐ Foundation		Prop
1,-department	****		ivice c	☐ Portable (w/service con	None		1 1	Run a Business on	
	ted (min 200 gallon)	ulted (r	Vaul		- 1		Basement	Conversion Relocate (existing bldg)	
	Conv	Specify Type:	ks) Spe	Sanitary (Exists) Specify Type: COAU	3 K	Year Round	1-Story + Loft	Addition/Alteration	\$ 5,000 Add
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		ify Type		□ Municipal/City		_ Seasonal	- 1	New Construction	
] [#				1000	3333		3000		
Water	j Em	What Type of Sewer/Sanitary System Is on the property?	What Type of wer/Sanitary Sys	W Sewer, Is on	# of bedrooms	Use	# of Stories and/or basement	Project (What are you applying for)	e lo ne
									☐ Non-Shoreland
No.	No		feet	fee	Distance Structure	If yescontinue		্রিশ্বs Property/Land within 1000 feet of Lake,	
Present?	lplain Zone? □ Yes	Flood	ieer		Distance Street	if yescontinue	.	Creek or Landward side of Floodplain?	Shoreland — Creek
Are Wetlands	ls Property in	Is Pr	ne:	cture is from Shoreline :	Distance Structure	am (incl. Intermittent)	liver, S	operty/Land within	□ ls Pi
.759					le	Cable	N, Range / W	Township 43 N	Section, To
	Acreage		Lot Size	- La		IwoT	1 -	ა 🗀	د
		on:	Subdivision	Block(s) No.	Lot(s) No.	17 Vol & Page	ot Lot(s) CSM	1/4 Gov't Lot	1/4,
Volume 705 Page(s) 358	Page(s)	705	Volume .	0000-6000		04-012-2-43-07-03-1	(Use Tax Statement) 04-0/	Legal Description: (Use Ta	PROJECT Legal I
□ No	Attached	100	K	Lake Owen	44515 5.	31			
Written Authorization		Colote	e/Zip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Adı	-	Age	(Person Signing Application on behalf of Owner(s))	uthorized Agent: (Person Signin
Phone:	Plumber Phone:	<i>2</i>			Plumber:	Phóne:	Contra		
					5482	10/4/ WI		alikodali Lake	1 <u>ş</u>
244-0102 Cell Phone:	Cell Phon	140	MN 55041	City	St Lake	314 W Iows	7116	Anderson .	
DOTHER	음		USE	JNAL USE ☐ SPECIAL USE City/State/Zip:	☐ CONDITIONAL USE		X LAND USE ☐ SANITARY ☐ PRIVY Mailing Address:		YPE OF PERMIT REQUESTED
ty.org/zoning/asp	.bayfieldcoun	ite www.	уиг web:	ਵੁੱ	V DO I FILL OUT T		BEEN ISSUED TO APPLICA	ITIL ALL PERMITS HAVI	NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Rec'd for Issuance 44515 5

Lake Owen

 $()_{R}$

Cable

5492 f you recently

Attach

Copy of Tax Statement
purchased the property send your Recorded Deed

Date

7-17-12

Authorized Agent:

Hold for Fees:	Signature of Inspector: Milcolland de
Date of Approval:	
No -(If No the	Committee or Board Conditions
nspected by: Date of .Re-Inspect	Meets all requirements
were Property Lines represented by Owner Was Property Surveyed ■Yes □ No No □ Zoning District (R	Was Proposed Building Site Delineated ★Yes □ No Was Proposed Building Site Delineated ★Yes □ No
Previously Granted by Variance (B.O.A.) ☐ Yes 反No ☐ Case #:	i do i
□ No Mitigation Required □ Yes So No Mitigation Attrached □ Yes □ No	Is Parcel in Common Ownership Is Structure Non-Conforming Wes (Deed of Record) UBC (UBC) Wes (Deed of Record) UBC)
Sanitary Number: # of bedrooms: Sanitary Date:	Issuance Information (County Use Only)
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	NOTICE: All Land Use Perm For The Construction Of New One & The local T
rigor to the placement of construction to be surveyed conner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed sine of the structure, or introduce, one previously surveyed conner to the other previously surveyed conner to	to the patential to constitution of a new constitution of the patential of the pate
the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the minimum required setback, the boundary line from which the setback must be measured must be visible from set but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from	SECIDACK IO PTINY (COLIDADE). COMPOSENS) Not to the placement or construction of a structure within ten (10) feet of the minimum rether previously surveyed corner or marked by a licensed surveyor at the owner's expense, the representation of a structure more than ten (10) feet but less than 1
Feet Setoack to well	Setback to Septic Tank or Holding Tank Setback to Drain Field The Drain Field The Drain Field Composition
Elevation of Floodplain	Setback from the East Lot Line
	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line
Setback from the Bank or Bluff	etback from the Established Right-of-Way
NA Feet Setback from the Lake (ordinary high-water mark) Cethack from the River, Stream, Creek Feet Feet	etback from the Centerline of Platted Road
st point) Measurement Description Measurement	(8) Setbacks: (measured to the closest point) Description Measured to the closest point)
Changes in plans must be approved by the Planning & Zoning Dept.	(0)
dry well	
<u></u>	well
A RESERVE TO ST.	The state of the s
ds; or (*) Slopes over 20%	Show any (*):
All Existing Structures on Your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond	
North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road)	Show / indicate: Show Location of (*):
Proposed Construction	Standardion of

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN 1 6 2012

Permit #: Refund: Amount Paid: 00) \$1.88°L 立 (286) (386)

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co., Zoning Dept

) NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	TION UNTIL ALL	PERMITS HAVE	BEEN ISSUED TO A	APPLICANT.	HO.	W DO I FILL OU	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)	sit our websit	e www.bays	fieldcounty.	org/zoning/asp)
Owner's Name:	V (STED-	JAND USE	□ SAN	7.7	70% X	CONDITION Cit	City/State/Zip: SAZ AND GLER BAY W	5430 Ay W	7	Telephone:	3 9290
Address of Property:	Cable		8		Zibi	8	4	1284	700	Cell Phone:	2128 04
Contractor:		***		Contractor Phone:		Plumber:		,		Plumber Phone:	one:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	son Signing Applic	ation on behalf (of Owner(s))	Agent Phone:		Agent Mailing /	Agent Mailing Address (include City/State/Zip):	State/Zip):		Written Authorization Attached Signal Yes Signal No	Authorization d
PROJECT LOCATION ,	Legal Description:	566 / / Y ion: (Use Ta	P 143 atement)	PIN: (23 digits) 04- 0/2 -	its) - 2 - 43	-10-00-	A	Recorded E	ocument:	(i.e. Propert) _ Page(s) _	Recorded Document: (i.e. Property Ownership) Volume Page(s)
, ,	1/4	Gov't Lot	ot Lot(s)	CSM	Vol & Page	Lot(s) No.	vo. Block(s) No.	Subdivision:			-
Section /	, Township	W, Range	, Range	W	Town of:	le		Lot Size		Acreage	
		/Land within	S Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue	r, Stream (itream (incl. intermittent)	Distance St	Distance Structure is from Shoreline:	reline : feet	Is Property in Floodplain Zone?		Are Wetlands Present?
X Shoreland —	☐ Is Property	/Land within	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	e, Pond or	Pond or Flowage If yescontinue	Distance St	Distance Structure is from Shoreline :fee	reline : feet	□ Yes XNo	0 35	γγes
□ Non-Shoreland											7++ many
Value at Time of Completion * include donated time & material	Project (What are you applying for)	Ct oplying for)	# of Stories and/or basement	s lent	Use	# of bedrooms		What Type of Sewer/Sanitary System Is on the property?	e of y System perty?		Water
	X New Construction	ruction	☐ 1-Story	F 1:	Seasonal	□ 1		1 1			□ City
•	Addition/Alteration	Iteration	☐ 1-Story + Loft	_ □ \%	Year Round	3 2	☐ (New) Sanitary	tary Specif	Specify Type:	27.0	_ \XWeII
	Relocate (existing bldg)	xisting bldg)	Basement		A			or Vau	lted (min	200 gallon)	
	Run a Business Property	ness on	☐ No Basement☐ Foundation☐	n		Z None	☐ Compost Toilet ☑ None	//service con	tract)	to all the state of the state o	
Existing Structure: (If permit being applied for is relevant to it)	(if permit beir	ng applied for	is relevant to it)	Le	Length:		Width:		Height:	ght:	
Proposed Construction:	tion:			Lei	Length:		Width:		Height:	ght:	
Proposed Use	_ \	Princinal S	Proposed Structure Principal Structure (first structure on property)	Prop	Proposed Structure	re		^ D.	Dimensions ×	- °	Square Footage
		Residence	Residence (i.e. cabin, hunting shack, etc.)	iting shac	k, etc.)				: ×		4
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			with (2 nd) Porch	rch				- (-,	×	- -	
			with (2 nd) Deck	Ċ.		and the second	**************************************	(×	_	
Commercial Use	Jse		with Attached Garage	d Garage					×	_	
		Bunkhous	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	/, <u>or</u> □ sle	eping quarters		cooking & food prep facilities)	+	×	-	
		Mobile Ho	Mobile Home (manufactured date) Addition/Alteration (specify)	actured date)(specify)	E WAS DONE	1			× >	_ -	
☐ Municipal Use		Accessory Building		(specify)			William Park		×	_	manufacture and an analysis of the first
		Accessory	Accessory Building Addition/Alteration (specify)	ion/Alter	ation (specify)	The state of the s	1	×	-	
		Special Us	Special Use: (explain)			and interest of the second	in de des des des des des des des des des		×	_	444600000000000000000000000000000000000
		Condition	::	1	+	1060	Life Agenty Age		-	_	۲
	×	Other: (explain) _	ii l	walkway	10	Igke	The state of the s	7 - 4	×	_	0

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

are signing on behalf of the owner(s) a letter of authorization must accompany this application)

| (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which above described property at any practice of inspection.

Owner(s):

| Companying information | (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which above described property at any practice of inspection.

| Companying information | (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which above described property at any practice of inspection.

| Companying information | (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) acknowledge that I (we) am (are) accompanying information | (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) acknowledge that I (we) am (are) accompanying information | (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) acknowledge that I (we) are liability which are liability which are sometiment of the permit of the permit

COORDINA STATE

Rec'd for Issuances
Address to send permit 732
JUL 20 2012

Bulguidy

(31×54)

54302

Authorized Agent:

Copy of Tax Statement Copy of Tax Statement

Date

Hold For Affidavit: Hold For Fees: Date of Approval:	Hold For Sanitary: Hold For TBA:
vactices to purint evosion	Must use best management
Zoning District (\mathcal{A} - \mathcal{A}) Inspected by: The literature of the inspection: Date of Re-Inspection:	Imperior record: M. atts all regurements. Date of Inspection: 7-19-12 Inspectional Conditions Attached a conditions of the conditions attached a conditions of the conditions attached a condition attached
\$ &	Was Parcel Legally Created X Yes □ No Was Proposed Building Site Delineated X Yes □ No
Previously Granted by Variance (B.O.A.) □ Yes 反No Case #:	ເນ ⊢
	Is Parcel a Sub-Standard Lot Pres (Deed of Record) Is Parcel in Common Ownership Pres (Fused/Contiguous Lot(s)) Is Structure Non-Conforming Pres
Reason for Denial: Permit Date: フーンハーノン	
Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. [County Use Only] Sanitary Number: [# of bedrooms: Sanitary Date:	For The Construction Of New One & Two Fa
Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	(9) Stake or Mark Proposed Location(s) of
other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the propaged site of the structure, or must be	other previously surveyed comer or marked by a licensed surveyor at the owner's serior to the placement or construction of a structure more than ten (10) feet but less one previously surveyed corner, or verifiable
the househood for the said of	Setback to Drain Field Feet Setback to Privy (Portable, Composting) Feet Prior to the placement or constantion of a structure within ten (10) feet of the minimum control control.
Setback to Well	Setback to Septic Tank or Holding Tank
Feet Setback from 20% Slope Area Feet Feet Feet Elevation of Floodplain Feet	Setback from the West Lot Line Setback from the East Lot Line
	Setback from the South Lot Line Setback from the South Lot Line
Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff Feet Setback from the Bank or Bluff Feet	Setback from the Established Right-of-Way
Description Measurement	Description
Changes in plans must be approved by the Planning & Zoning Dept.	(8) Setbacks: (measured to the closest point)
	Please complete (1) – (7) above (prior to continuing)
H'X	
THE Wall Known	
Wiley Lake	
- 1	
(*) Priveway and (*) Frontage Nodo (Name Frontage Nodo) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	
Plan	Show / Indicate: